FORM CD-535 LF (2-94)									U.S. DEPARTMENT OF COMMERCE	
			.							
		MAILIN	G LA	ABEL	KE(QUEST F	ORM			
INSTRUCTIONS: Please fill out form and forward to: Composition Branch, HCHB Room 2846, (202) 482–3087										
DATE OF ORDER	. DATE OF ORDER 2. CD-10 NUMBER				3. APPROPRIATION NUMBER					
4. NAME OF PROJECT OFFICER				5. ROOM NUMBER		OOM NUMBER	6. TELEP		PHONE NUMBER	
7. EVENT/INDUSTRY							8. EVENT ID			
9. MAILING LIST NAME/NUMBER(S)										
40 DATA ENTRY CERVICE		44 MAILING CEDVICE			DVIOE0 F					
10. DATA ENTRY SERVICE					11. MAILING SERVICES REQUIRED		REQUIRED			
ADD		FIRMS TO LIST		IN-HOUSE		PRINT _		_	CHESHIRE LABELS	
CHANGE		FIRMS ON LIST		COMMER	CIAL	PRINT _		_	GUMMED LABELS	
DELETE		FIRMS FROM LIST				PRINT _		_	ADDRESSES ON ENVELOPE(S)	
KEYBOARD		NEW MAIL LIST				PRINT _		_	ADDRESSES ON SELF-MAILER(S)	
DATA BASE		NEW MAIL LIST				RETRIEVE_		_	PRINTOUT(S) FOR PROOFING	
FORM CD-535 LF (2-94)							U.S. DEPARTMENT OF COMMERCE			
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MAILING LABEL REQUEST FORM										
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1. DATE OF ORDER	NUMBER		3. APPRO	OPRIAT	TON NUMBER					
			L.,		OM NUMBER					
NAME OF PROJECT OF			5. RC		OOM NUMBER		6. TELEPHONE NUMBER			
7. EVENT/INDUSTRY					8. EVENTID			NT ID		
9. MAILING LIST NAME/NU	JMBER(S)						-			
40 DATA ENTRY SERVICE						44 MAII INC CE	DVIOLO I	EQUIDED		
10. DATA ENTRY SERVICE		_			11. MAILING SERVICES REQUIRED					
ADD		FIRMS TO LIST		IN-HOUSE					CHESHIRE LABELS	
CHANGE		FIRMS ON LIST		COMMER	CIAL				GUMMED LABELS	
DELETE		FIRMS FROM LIST							ADDRESSES ON ENVELOPE(S)	
KEYBOARD		NEW MAIL LIST				_			ADDRESSES ON SELF-MAILER(S)	
DATA BASE		NEW MAIL LIST				RETRIEVE_		_	PRINTOUT(S) FOR PROOFING	